DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/12/2012 FORM APPROVED OMB NO. 0938-0391

INTEREST ADDRESS, CITY, STATE, ZIP CODE TREELANDVILLE COMMUNITY HOME TREELANDVILLE ST FREELANDVILLE ST FREELANDVILLE ST FREELANDVILLE, IN 47535 SUM CARLISLE ST FREELANDVILLE, IN 47535 TAG SUMMARY STATEMENT OF DEPOISENCES FREELANDVILLE, IN 47535 TAG REGULATORY OR LSC IDENTIFYING INFORMATION) K 000 INITIAL COMMENTS A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/10/12 Facility Number: 000355 Provider Number: 155688 AIM Number: 10275840 Surveyor: Lex Brashear, Life Safety Code Specialist At this Life Safety Code survey, Freelandville Community Home was found in compliance with Requirements for Participation in Medicare/Medicald, 42 CFR subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16,2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility with a basement was determined to be of Type V (000) construction and was fully sprinkeder. The facility has a fire alarm system with hard wired smoke detectors in the confidors, spaces open to the confidors, and in all resident sleeping rooms. The facility has a capacity of 50 and had a census of 28 at the time of this survey. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered. All areas providing facility services were sprinklered. All areas sproviding facility services were sprinklered. All areas sproviding facility services were sprinklered. All areas as providing facility services were sprinklered and wood sheds, all used	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII	DING	E CONSTRUCTION 01,02	(X3) DATE SURVEY COMPLETED	
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Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/10/12 Facility Number: 000355 Provider Number: 156688 AIM Number: 100273640 Surveyor: Lex Brashear, Life Safety Code Specialist At this Life Safety Code survey, Freelandville Community Home was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility with a basement was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and in all resident sleeping rooms. The facility has a capacity of 50 and had a census of 28 at the time of this survey. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except a detached garage and two detached wood sheds, all used	K 000	INITIAL COMMENTS		К	000			
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garage and two detached wood sheds, all used		of this survey. All areas where resid were sprinklered. A	dents have customary access Il areas providing facility					
	ARODATORY	garage and two deta	ched wood sheds, all used			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01,02		(X3) DATE SURVEY COMPLETED	
		155688	B. WIN	G		10/1	10/2012
NAME OF PROVIDER OR SUPPLIER FREELANDVILLE COMMUNITY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 310 W CARLISLE ST FREELANDVILLE, IN 47535				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	RRECTIVE ACTION SHOULD BE COMPLETI DATE	
K 000				000			
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	Type V (111) construct sprinklered. This add facility's fire alarm system the Ambulance Bay	on was determined to be of ction and was not dition is connected to the stem with smoke detectors y. The facility has a capacity us of 28 at the time of this					

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		155688	B. WIN	IG		10/1	0/2012	
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